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Page	Page	Page	Page
ORIGINAL LECTURES.			
Lectures on Gunshot Injuries of the Head. By Frank H. Hamilton, M.D.	73	Hernia, in which the Stricture was Divided External to the Sac, resulting in Intestinal Fistula. A Second Case, in which the Intestine was found to be Gangrenous: Result Fatal. By James L. Little, M.D.	75
ORIGINAL COMMUNICATIONS.		EDITORIAL ARTICLES.	
Epilepsy of the Retina, and its Connexion with Glaucoma. By J. Homberger, M.D.	74	On the Treatment of Diarrhoea and Dysentery.	77
Case of Strangulated Femoral		Digitalis in the Treatment of Epilepsy.	78
		Health Reform in New York.	78
		Report from a Rebel Hospital.	79
		Sarracenia Purpurea in Small-Pox.	80
		The Birth of a Prince.	80
		PROGRESS OF MEDICAL SCIENCE.	
		On Dislocations of the Thumb.	77
		CORRESPONDENCE.	
		Medical Society of the State of New York.	80
		New York State Medical Society.	80
		ARMY MEDICAL INTELLIGENCE.	
		Orders, Changes, etc.	84
		METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.	
		SPECIAL NOTICES.	

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Original Lectures.

LECTURES ON GUNSHOT INJURIES OF THE HEAD.

By FRANK H. HAMILTON, M.D.,

PROV. OF MILITARY SURGERY AND FRACTURES AT BELLEVUE HOSP. MED.
COLLEGE, AND LONG ISLAND COLLEGE HOSPITAL; SURGEON
TO BELLEVUE HOSPITAL; LATE MEDICAL INSPECTOR,
U.S.A.

LECTURE I—PART II.

THE phenomena attending concussion, compression, and inflammation of the brain have already been indicated to you in a previous lecture; and I will now proceed at once to a more precise consideration of gunshot injuries of the head.

First, I would remark that you may have an injury of the scalp of an exceedingly trivial character, which may in the end prove fatal. A ball may simply tear off the hair of the scalp, and create a very slight abrasion of the skin, yet the bone being so near, and the brain so close to the bone, it is very probable that serious mischief has been done. The bone in that situation may be so injured as to lead to necrosis, or a sufficient shock may be given to the brain and its envelopes to bring on inflammation. I will mention a very remarkable illustration of this fact. Colonel Farnham, after the death of Colonel Ellsworth, took command of the 1st Zouave Regiment. At the battle of Bull Run, July 21, 1861, he received an injury of the character referred to, and which I examined myself. It was a very slight and superficial wound, which seemed to have taken off very little more than the hair. He was transferred from the field to the Washington Infirmary, where he was reported as doing very well, the wound being considered as a very slight and insignificant one, but, notwithstanding all this, he kept his bed. He did actually seem to be improving until about the ninth day after the reception of the wound, when grave symptoms suddenly supervened, and in a day or two after he died. I should notice that during all the time he was in the hospital he was very easily disturbed by visitors, and it was his desire to be left alone, showing that there was some cerebral disturbance. I ought also to mention that he was ill before he received the wound, and was unfit to perform duty at the time the battle took place, but being a gallant officer he was determined to lead his regiment to the charge; but his previous condition I do not think had much if anything to do with his death, which, in my opinion and in the opinion of many other surgeons who saw him, was due directly to the apparently slight wound which he received during the fight.

You will find a good many similar cases related, some in which death has taken place after a few days, and others in which nothing of the sort being at first apprehended, the external table has eventually become necrosed and exfoliated. The bone has been concussed simply, and necrosis has been the result. And, indeed, there are some cases related in which this has occurred where there has been no external wound at all, the passage of a large shot across the skull impinging sufficiently to produce a temporary concussion of the bone. I mention this that you may not regard these slight injuries as insignificant. If you see the track of a ball upon the scalp you may safely infer that the brain has received some concussion, and it is your duty to watch over your patient carefully, and be prepared for serious trouble.

Pursuing this analysis of the subject, I will next call your attention to those examples in which the ball has passed under the scalp. A round ball impinging upon the scalp somewhat obliquely, is very likely to pass under the skin and along for a considerable distance. I have seen two marked examples of this. One during the first battle of Bull Run, in which a man received a ball behind the

mastoid process, and it was found above and in front of his ear. When I first examined the case my suspicion was that the ball had actually entered the head, but on examining the case carefully I detected a swelling in front of the ear, and discovered that the ball was lodged there. It was easily removed by a counter-opening. In another case the ball had entered above the ear, and passed backwards, and was found lying under the skin at the back of the neck, from which point I removed it by a counter-opening. Both of these balls were very much flattened. I never saw either of the men afterwards, and cannot state the result, but I think it very probable that some exfoliation of bone took place.

Such examples are not unfrequent. I should notice that if you find a hole in a man's scalp, and he is alive and not insensible, you are pretty safe in assuming that the ball is somewhere underneath the skin. When you find it, all that is required for its removal is a counter-opening; this method of procedure, the cut being necessarily a superficial one, is much to be preferred to the extraction of the missile through the original wound. But you will observe that you are still quite certain to have necrosis of the bone, at least of the outer plate. I have seen frequent examples of necrosis from such a cause. The patient will say that the surgeon cut the ball out, and that, after a few weeks, suppuration took place, and that sequestra were in due time exfoliated. The cure may be very tedious, but if the patient be treated properly, if he is kept free from all excitement, and his bowels kept soluble, he will get well.

Next you may have the ball entering and breaking the skull, but not absolutely passing through the bony wall. These are, however, not so frequent as the first class of accidents. If the skull yields at all you will find that now and then the ball has entered just sufficient to produce a slight depression; sometimes it imbeds itself, but it is more likely to bound back. In these cases you have the signs of concussion more marked, the patient generally being unconscious for a greater length of time. If he comes under your observation some time afterwards, you will probably find that he has suffered a good deal from more or less paralysis of the opposite side of the body, that he has had more or less coma, but especially that he has had convulsions. If you see this case immediately after the occurrence, the question arises at once, whether you shall trephine. I bring you to this point at once because there is nothing else that you can think of doing.

All that I can say about such examples is this: if the depression is slight, and there are no signs of irritation or of compression of the brain, if you have reasons to believe there are no spiculae of bone projecting into the brain, then do not trephine; the patient's chances of recovery are better if you let him alone, than if you proceed to operate.

The difference between this accident and similar injuries occurring in civil practice, where in most cases the fracture has been caused by other substances than bullets, is very great.

This poor man lying in the hospital to whom I have already referred, has been injured by the fall of a load of wood upon him. Now, imagine the difference of effect which such an injury would produce upon the brain compared with that which a bullet would inflict. The ball, even when its velocity is nearly expended, impinges upon the skull with a dead and solid weight. Hence you can easily understand how, when the external evidences of injury are comparatively slight, the brain may be seriously compromised. When a piece of wood has fallen upon the head, although the aggregate weight of the mass may be very disproportionately great, the momentum is comparatively inconsiderable.

The danger from gunshot injuries of the skull is not so much due to depression of the skull as to concussion of the brain, and it is observed that in trephining you will cause sufficient additional injury to turn the balance in the scale against recovery. The proper local treatment, then, consists in applying cloths wet in cold water to the head;

while the constitutional treatment consists in placing the patient in a hospital, in keeping him on a low diet, keeping his bowels open, and perhaps bleeding him. I believe, gentlemen, that venesection is very much underrated, and that in these affections, of the brain especially, we do not sufficiently understand its value, more especially in patients of full habit. It is true that we cannot deplete the brain as much as one would at first suppose, but still we can accomplish a great deal of good by diminishing the force of the heart. The brain is peculiarly situated in a firm, bony, and unyielding casement, and by the laws of hydrostatics we cannot expect much blood to be drawn from it; when you bleed the lungs or liver, the envelopes of those organs contract upon the blood-vessels; in the case of the brain this cannot occur, you can only rarify the blood within the brain.

Venesection, I think, should be practised in a pretty large proportion of these cases; but more important than all this, are, I think, the cathartic medicines; it not only serves to increase the drain upon the system, but creates an irritation over an immense extent of surface. The patient, too, should be kept upon the smallest amount of nourishment which will supply his wants; in other words, he should be restricted to a low diet. All these things are necessary, and must not be omitted, if you wish to give to your patient the best chances for recovery.

Original Communications.

EPILEPSY OF THE RETINA, AND ITS CONNEXION WITH GLAUCOMA.

By JULIUS HOMBERGER, M.D.

(Continued from page 54.)

THE study of the theory of Donders on glaucoma simplex directed my attention again to these attacks. I had almost accustomed myself to consider them as the first symptoms of glaucomatous disease, though neither touch nor ophthalmoscope revealed any of the symptoms of intra-ocular pressure. I was justified in this supposition, for I found in Donders' remarks on glaucoma simplex for the first time a description of total blindness of short duration, with complete return of vision, and without a symptom of inflammatory or congestive action. I could not find a more suitable explanation for my past troubles, and for want of one I considered myself glaucomatous, or on the way to become so.

J. Hughlings Jackson's striking term of "epilepsy of the optic nerves" reminded me of my hypochondriacal misgivings; and even before I had read the above related case of Julia W—, I construed my case into one of epilepsy of the retina, a construction in which the description of J. W.'s retinal epilepsy has since confirmed me.

This is the origin of a chain of speculations, in which I have indulged since Jackson's article came to my knowledge. After some deliberation, the idea presented itself that the typical form of glaucoma (glaucoma simplex) might be etiologically related to epilepsy. It may be assumed that the same effects are produced by the same causes that the emptiness of the cerebral vessels and of the ophthalmic ones depends on the same nervous derangements, it having been demonstrated by Jackson's experiments, that the eyeground is relatively bloodless (and arterial pulsation developed?) in epilepsy, as it already was known to be in glaucoma simplex. The case of Ischæmia Retinæ, described by Alfred Graefe in the Archives of Ophthalmology, confirmed me in the explanation presented. It is reported in the *American Journal of Ophthalmology*, vol. i., p. 32.

"A child 5½ years of age was brought to Dr. Graefe for total, suddenly produced, blindness. The child had been always perfectly well before. A pale color of the face, large pupils, had caused the father, who is a surgeon, to use

anthelmintics, and several times ascarides had been thrown out. The patient had, except this, never suffered from cramps, hæmorrhages, or headache.

A week before she was brought to Dr. Graefe's Clinic, she went perfectly well to bed, and the following morning, when she wanted to get up, her mother noticed the blindness. She could not, on that morning already, distinguish light from dark.

On the day of her presentation, there was the following *status præsens*: Eyes wide open, aimlessly wandering, as in amaurosis; color of face and skin pale; the mucous membranes exceedingly pale. All functions regular. The pulse very small; frequency one hundred and sixty. No sign of inflammatory action in any part of the eyes; conjunctiva very pale; pupils large, without any reaction on light. Moderate contraction of the pupil by instillation of tincture of opium (irritation of the superficial ramifications of the trigeminus) and very slight augmentation of the dilatation by atropine. No symptoms of an augmentation of intra-ocular pressure.

Ophthalmoscopic Examination.—Refracting media perfectly clear. The principal branches and ramifications of the arteria centralis retinæ thin, as capillary vessels. Veins of the retina uncommonly serpentine; comparatively much, but not uniformly, filled. The limits of the papillæ nervi optici appeared indistinctly marked; otherwise normal. The chorioidea normal.

There was no sign of quantitative perception of light.

The pulse showed a frequency of 124 on an average. The heart was normal. Digitalis, used during two days, had no influence on the pulse. Bleeding near the temples, suppurating blisters in the neck, irritating foot-bath, large doses of calomel, and the application of Heurteloup's artificial leech, did not produce any changes in the condition of the disturbed functions.

The supposition of an intra-cranial process was least justified, the author says, in his remarks on the case, which enter fortunately in every detail, so that every detail may be appreciated. If there had been an inter-cranial disease, it would have been impossible to explain the sudden attack of blindness, as the result of paralysis of the optical nerves, without the presence of any other symptom, indicating a disease of the brain. An apoplexy, the rupture of a cyst or an abscess, seemed improbable, or rather impossible, for the same reasons: the isolation of the symptoms.

There seemed no doubt the cause was a disturbance of circulation. In favor of this hypothesis was the suddenness of the attack, the local nature of the affection, and the enormous difference in the injection of the retinal vessels.

The supposition of an embolus had to be given up, on account of the bilaterality of the affection. The embolus would have to be looked after in the next principal artery, common to both the art. centrales retinæ, i. e., the arcus aortæ, or it would have been necessary to suppose that embolic impediments had simultaneously become localized in the a. centrales retinæ or a. ophthalmicæ. The improbability of the first case is clear enough; the second supposition would be absurd, as no disease had existed which would give a disposition to emboly of the arteries.

Just as little probable is the hypothesis of a hydrocephalus internus and a pressure, exerted by it on the basis cranii, bilaterally near the ductus arteriosus Willisii, consequent to which the retinal arteries should have lost their permeability. Exudations and neoplasms are not likely to produce these symptoms; the reasons why are already contained in the preceding.

Even if the permeability of the arteries had been based on such a cause, the pressure would have acted on the art. ophthalmicæ; but then the circulation of the chorioidea would necessarily have suffered as much as that of the retina, while the ophthalmoscope showed a normal circulation in the choroid. The author does not go on to extend this well defined diagnosis by exclusion, to all those causes which might be possibly drawn into consideration; he is convinced that local conditions in the eyes have been the

motives of such an interference in the circulation of the arterial blood; thus the functions of the retinae had been destroyed.

The nature of the impediment was not known to the author, but he was firmly satisfied that, as already stated, the disease was local and isolated.

Ten days the patient had been without quantitative sensation of light. The author resolved to try to remedy the arterial anæmia of the retina by lessening the tension of the globe, to produce a stronger injection of the vessels *ex vacuo*.

The 19th of December a large iridectomy (upwards) was executed on the right side; on the left, a paracentesis of the anterior chamber.

Twenty hours after this, the anterior chambers of both the eyes were normally filled; the pupils were decidedly sensible to light. *The little patient distinguished very well day and night, and followed even the movements of the hand, with good fixation.*

It was further found that the vision had only returned on the eye where the iridectomy had been made, and that the movement of the pupil of the left was merely sympathetic. The following day, the child counted fingers at a distance of two feet, and the field of vision seemed entirely or almost free. The left eye was yet totally amaurotic. Iridectomy was performed on it the same day, and the perception of light had returned, when the bandage was removed—just as in the other.

The fifteenth day after the operation on the second eye, the child could distinguish the number of very small points, $\frac{1}{2}$ mm. distant from each other. The field of vision was normal. The ophthalmoscope showed, when first used the third day after the operation on the second eye, the arteries of normal size. There seemed only to exist yet some irregularity in the injection of the veins. The case (interesting in itself) became, we think, a triumph of science, by the splendid success of the operation. We believe, with the author, that it would be superfluous to extend scepticism, so far as to speak of a spontaneous cure, coinciding with the operations.

The success, remarks the author, proves that I was right to exclude intra-cranial disease and extra-cranial stopping of circulation. There were certain local conditions, which were the cause of the blindness. In glaucoma, the diminution of intra-ocular pressure effected by iridectomy has been much more palpable as the effect of paracentesis. The causes of the influence of iridectomy on the intra-ocular pressure are not yet perfectly explained, but this cannot be a weighty objection to the existence of undeniable facts. The negative effect of paracentesis is attributable to the difference of intensity of action of the two modes of procedure.

It seems evident that the iridectomies performed in this case effected a diminution of intra-ocular pressure, as in glaucoma; that by the production of a relative vacuum, a stronger injection of the arteries was effected, and that so the ophthalmoscopic appearance of an ischæmia retinae, as well as the consecutive functional disturbances, were brought back to a regressive stage.

The next question is, how such an abnormal condition in the filling of the arteries could be produced, as there were no symptoms of an augmentation of intra-ocular pressure?

The author thinks that this misproportion between intra-ocular pressure and 'lateral pressure'* of the a. centralis retinae may be produced in a double way. The changes of circulation in glaucoma are the consequence of a misproportion between intra-ocular and lateral pressure. It would be difficult to decide whether the quick destruction of sight in glaucoma depends more on the direct pressure on the nervous elements of the retina, or on a disturbance of circulation in the a. centralis, in consequence of the augmented intra-ocular pressure. While in cases of augmented intra-

ocular pressure the circulation of the artery is diminished by the action of the pressure on the entrance of the central artery of the retina, a similar misproportion ensues when the lateral pressure in the artery is diminished, although the intra-ocular pressure is normal.

The cause of the frequency of the pulse could not be found. The paleness of the face and mucous membranes allows the diagnosis of a certain degree of anæmia. The hypothesis of the existence of local anæmia in the arteries of the eyes is therefore justified. The disturbance of the function of the retina has to be attributed to the relative misproportion between the (normal) intra-ocular pressure and the (diminished) lateral pressure in the central artery.

To ascribe the frequency of the pulse to the existence of helminthiasis and irritation of the sympathetic nerve would not clear up the case much. More important is the fact proved often, and lately by Einbrodt,* that the lateral pressure in the arteries is greatly diminished with an augmented frequency of the action of the heart. The arterial blood of the retina is solely provided by the central artery, the angular entrance of which in the interior of the eye seems to be favorable to disturbance of the circulation, while on the other hand, no anastomotic collateral circulation is possible.

It might be possible that the contraction of the walls of the artery by irritation of the vaso-motoric nerves, through the sympathicus,† was the cause of the local anæmia, though various reasons do not make this supposition very probable.

Three months after the operation, the eyesight of the child was absolutely normal."

Dr. Graefe would, I think, not have attributed this case of blindness to a local disturbance of circulation only, but certainly have brought it in relationship with Donders' type of glaucoma simplex, had the scientific world then (1862) been acquainted with the results of the labors of the Dutch ophthalmologist. Nothing is more justified than now to consider this case of "ischæmia retinae"‡ as one of "glaucoma simplex" unattended by inflammation, in which some of the symptoms of intra-ocular pressure (*f. i.* excavation of the optic nerve) had not yet been developed, or better to consider the case as an attack of retinal epilepsy.

CASE OF STRANGULATED FEMORAL HERNIA

IN WHICH THE STRICTURE WAS DIVIDED EXTERNAL
TO THE SAC, RESULTING IN
INTESTINAL FISTULA.

A SECOND CASE,

IN WHICH THE INTESTINE WAS FOUND TO BE GANGRENOUS;
RESULT FATAL.

By JAMES L. LITTLE, M.D.,

OF NEW YORK.

On May 18th, I was called to see Mrs. L—, in 51st street, in consultation with Dr. Church, her attending physician. The patient was a delicate-looking woman, forty-seven years of age, married, and had children. She had for the past ten years been subject to a femoral hernia of the right side, for which she had never worn a truss. On May 14th the hernia became strangulated, attended by the ordinary symptoms—pain, vomiting, and constipation. She refused to call in a physician until the evening of the 17th, when she sent for Dr. Church. He made an unsuccessful attempt to reduce the hernia by taxis while she was under the influence of chloroform, and advised an operation.

* Untersuchungen zur Naturlehre, her. v. Moleschott. 1859. Vol. vii.
† Experiments of Bernard and Brown-Séquard. Schmidt's Jahrbücher, Bd. 104.

‡ Thus the disease has been called by Dr. Graefe. The word "ischæmia" (ισχαιμία) means a local or partial anæmia, and was introduced by Virchow, (Pathologie, Vol. I.) He wanted "to dispense with the usual expressions, Anæmia, Oligæmia and Spanæmia," as these were used to express both general and local disturbances.

* The pressure which the blood exerts on the walls of the arteries. This pressure is the expression of the force by which the blood is driven into the artery by the heart.

Her condition at the time of my visit was as follows:—Pain in the right groin, and in the region of the umbilicus; constant vomiting and constipation. On inspection, a slight swelling could be seen in the right groin, and, on manipulation, a tumor, tender on pressure, about the size of a hen's egg, could be felt just below and to the inner side of Poupart's ligament, and a smaller tumor situated above the ligament. This last, she stated, had existed for about a year, and during that time had been irreducible. The larger tumor was slightly resonant on percussion.

Without any further attempt at taxis, patient was etherized, and, assisted by Drs. Church, Campbell, and J. L. Smith, I proceeded to operate.

Operation.—An incision about four inches long was made in a line parallel to, and nearly over Poupart's ligament. A second incision was then made, commencing from the middle of the last, directly downwards, a little to the inner side of the tumor, for about three inches, thus forming a T incision. The different layers of tissues were then carefully divided over a director, until the sac was exposed, and the finger could be carried up to the femoral ring, and Gimbernat's ligament could be felt. A hernia knife was then introduced, and directing the edge of the instrument upwards and inwards, the fibres of the ligament were divided. Slight manipulation over the tumor caused it to recede, leaving behind a thickened sac, a portion of which extended above Poupart's ligament, and had become adherent, forming the irreducible tumor before mentioned. These adhesions were broken down, and the finger passed around the neck of the sac, breaking down some old attachments. The sac was then pushed back within the abdominal ring, the wound closed by sutures, and a compress and spica bandage applied.

May 10th, ten A.M., sixteen hours after the operation.—Patient vomited occasionally during the night, but has not done so since eight o'clock this morning; pulse 92; no pain around the wound; she however still complains of some pain about the umbilicus, though not so severe as before the operation. Ordered warm flaxseed poultices to the abdomen, and patient to be kept moderately under the influence of opium. May 20th.—Patient doing well; no return of the vomiting; slight distension of the abdomen. An enema was administered last evening, which caused several evacuations of fecal matter during the night. Wound dressed; union of the edges by primary adhesion seems to have taken place. As the patient complains of some tenderness on pressure over the right umbilical and inguinal regions, a blister was applied. Opium and warm applications to the abdomen continued.

At ten o'clock this evening, fifty-two hours after the operation, symptoms of strangulation returned; vomiting of stercoraceous matter, with severe pain in abdomen; pulse 96; no increased swelling about the wound. Ordered opium, one grain every two hours. May 21.—Vomiting still continues; tympanitis increasing; pulse 120, small; extremities becoming cold. Two o'clock P.M.—Patient in a state of collapse; pulse hardly perceptible; skin cold, and covered with a clammy sweat; hiccup; and every symptom seemed to indicate that gangrene had taken place, and that the patient was near her end. Brandy ordered to be given freely. May 22d.—Patient still alive; pulse 120, and more perceptible; skin warmer, and her countenance much improved; considerable tympanitis, but less pain. 23d.—Better; pulse 100; suture removed from wound; union good. From this time the patient began to improve. Injections were administered at various times, but without any results. It was considered improper to administer a purgative, as the symptoms had indicated that gangrene of some portion of the intestine had taken place, and it was feared that increased peristaltic action of the bowels would do more harm than good. Opium in small doses was therefore administered, with a view to keep the bowels quiet and give nature time to repair the mischief.

On the seventh day after the operation, the wound re-

opened and discharged a considerable quantity of decomposed blood with pus, which had a strong fecal odor. The discharge continued, and on the eleventh day a purgative was administered, which caused a free evacuation of the bowels. A considerable quantity of fecal matter at the same time made its escape from the wound.

From this time there was a constant discharge of a thin, yellowish material from the wound, and no natural movement of the bowels. The discharge from the wound seemed to increase in quantity, and the wound itself to grow larger, until it was nearly half an inch in diameter.

Pressure by means of a compress and bandage was applied, but could not be borne by the patient. The wound remained in about the same condition for nearly three months, when the patient died from phthisis, from which she had suffered for the past year.

It is to be regretted that an examination of the body could not be obtained.

This is the second case reported in this Journal of an intestinal fistula occurring after an operation for strangulated femoral hernia, by the division of the stricture without opening the sac.

The first was a case reported in Vol. VI., p. 147, by Dr. Henry B. Sands. In his case there were no unfavorable symptoms after the operation. The wound reopened on the ninth day, and discharged fecal matter, which at first increased in quantity; the bowels, however, continued to act with natural regularity. About three weeks after the operation the discharge began to diminish, and when patient left the hospital it was so slight as to be scarcely perceived.

Since the above was written the following case has come under my notice:

On January 31st I was called to see a patient suffering from strangulated femoral hernia. The history of the case is as follows:—Patient is sixty-seven years of age, and has suffered from a femoral hernia of the left side for the past two years. Eight days ago it became strangulated, accompanied with the usual symptoms, viz. vomiting, constipation, and severe pain around the umbilicus. She sent for a German doctor who did not comprehend the case, although his attention was called to the hernia. Purgatives, injections, etc., were given without any good result. Dr. J. Lewis Smith was at last sent for, who at once recognised the trouble, and placed the case in my hands for operation. Patient was etherized, although in a very feeble condition, and an incision was made over the tumor (which was situated above Poupart's ligament), and continued down until the sac was reached. This was opened, and the intestine was found in a gangrenous condition; perforation had already taken place; no fluid was found between the sac and the intestine.

The intestine was freely opened, the stricture overcome, and a free discharge of fecal matter from the wound was the result. The corners of the wound were brought together, but space enough was left to allow the contents of the intestines to escape from the wound.

The patient recovered from the ether readily, and she was left to all appearances as comfortable as usual after such an operation, although very feeble. In less than an hour after I left the house she died. The cause of death I cannot account for except from exhaustion. No post-mortem examination was allowed.

The point in this case is this. The external condition of the sac, which was very much thickened, did not at all indicate the serious condition of the intestine within, and I opened the sac because the strangulation had existed so long, and the symptoms of the patient were so severe.

263 West 42d St., N. Y., Feb. 8, 1864.

DR. C. B. WHITE, Assistant-Surgeon, U.S.A., formerly Surgeon-in-Chief of the Artillery Reserve, Army of the Potomac, is now on duty as Medical Purveyor for the U.S. forces in Texas.

SARRACENIA PURPUREA IN VARIOLA.

By NOAH C. LEVINGS, M.D.,

OF NEW YORK.

DURING the last month (January), I had the fortune to have under my care four children, in one family, sick with variola. Considering this to be an unusually favorable opportunity to decide upon the merits of the *sarracenia* as a "specific" for this disease (the children never having been vaccinated), I obtained the contused root of the *sarracenia purpurea* direct from Major Lane, of Halifax, the putative father of the "specific." I also requested Dr. Jacobi, of this city, to see the cases until their termination, independently of myself, and then to give me his opinion on the remedy.

The following is the history of the cases:—The first one, a boy, three years of age, unvaccinated, commenced, Tuesday morning, Jan. 12th, to complain with the usual symptoms of variola. On Thursday, the third day, the eruption appeared. We concluded to allow the disease to get under full head before commencing the use of the "specific." So, upon Monday afternoon, the infusion of *sarracenia purpurea*, an ounce to the pint, was given according to published directions, that being the fifth day of the eruption, which was now distinctly pustular. The following afternoon, twenty-four hours after commencing the remedy, there was no increased flow of urine, no flat-tenting nor shrivelling of the pustules, as we expected. Wednesday, the seventh day, no change in the symptoms or eruption, except a lessened fever, fuller pustules, and the central depression more positive. The eighth day, of course, the pustules began to scab, and some to break and crust. By the tenth day one-half the scabs on the face had fallen off; but on the trunk and limbs the peculiar pustules were advancing through their usual course without at all being modified by the medicine.

The second case, a boy of eight years, unvaccinated, taking the disease three days later than his brother, went through exactly the course of unmodified small-pox.

We have the same history for the third case, an infant of seven months, the eruption being preceded by convulsions, and no modification of the disease or symptoms, though administering the medicine from the commencement.

In each of these three cases the pustules went through the invariable course, being on the trunk three, and on the limbs six days later than on the face.

The fourth case, a sister of the others, ten years old, whom I vaccinated, the vaccination taking the precedent of the variola by two days, was changed to a very mild case of varioloid, having but eight or ten pustules on the face. This one was about the house each day, and had no medicine.

Presuming to know the natural course of variola, and having three cases neither modified, nor the sequence of the symptoms altered by the free use of the infusion of *sarracenia purpurea*, Dr. Jacobi and myself consider the *sarracenia* as without any medicinal virtue whatever in shortening the period of variola, or "causing the pustules to wither or fall off" before the eighth day.

86 AMITY ST., February 6, 1864.

HEALTH IN THE BRITISH ARMY.—In the English infantry the average number of sick is about 50 per 1000 men; in the English cavalry a little less; in the Royal artillery a little more; and the military train and depot battalions, at most 7,000 men, furnish about 1400 admissions per annum, on account of these two corps being chiefly composed of old and young soldiers. Striking an average in the British army the number of sick is nearly 55 per 1000 of strength; in the French army 45; in the Prussian 47; and in the Austrian 48. The average time in hospital is 17 to 20 or 21 days; in the French army it is 16 days; in the Prussian army it is 16 days; and in the Austrian army it is 17 days.

Progress of Medical Science.

ON DISLOCATIONS OF THE THUMB.

J. C. WORDSWORTH, Esq., reports three cases of this dislocation, in the *Med. Times and Gazette*, showing that the difficulty of reducing them arises from the malposition of the tendon of the long flexor. The first was a compound dislocation of the first phalanx of the thumb, produced by a fall on the extended hand, the phalanx being on the dorsum of the metacarpal bone. A wound extended across, and opened the joint on its palmar aspect. After failing to effect its reduction by simple extension, a close scrutiny of the wound showed the tendon of the long flexor between the ends of the bones, having passed round the ulnar side of the end of the metacarpal bone, and by traction been drawn across the joint. Attempts to remove the tendon from its new position being unsuccessful, it was divided with a bistoury, and reduction easily accomplished, no displacement recurring. The second case was a simple dislocation upwards and backwards of the first phalanx of the thumb, with no displacement of the tendon; it being easily recognised stretching over the metacarpal bone, and drawn away from the first phalanx by the altered position of that bone. In this case reduction was effected by simple extension, only slight force being necessary to restore the bones to their proper position. The third case was a simple dislocation of the first phalanx upon the dorsum of the metacarpal bone. No trace of the tendon could be discovered. Attempts to reduce the dislocation by extension were made, and renewed, but failed. He now endeavored to replace the tendon by the following procedure, which he had previously devised: "The wrist being fully bent, so as to relax the long flexor tendon, let the surgeon take the thumb in one hand and abduct it from the fingers, while with the other he steadies the metacarpal bone. He then is to rotate the thumb, so as to make the tendon retrace its course *forwards* and *inwards* around the lower end of the metacarpal bone, using the first phalanx as a lever in this intention. If this do not succeed, let him hyper-extend the first phalanx, so as to stretch the flexor tendons, rotate the phalanx *outwards*, and then carry it round the *inner* tubercle of the metacarpal bone, so as to dislodge the tendon from between the ends of the bones." By adopting this course, the tendon was readily replaced, coaptation restored, and no tendency to displacement left. Since his attention has been directed to these cases, he has had reason to believe that dislocations of the fingers at the metacarpo-phalangeal joints are also complicated by the malposition of their tendons; and has succeeded in reducing them by more manipulation after considerable force had been vainly applied.

ON THE TREATMENT OF DIARRHŒA AND DYSENTERY.

Professor Skoda places a strict regulation of the diet before everything; especially is this the case with reference to every solid article and warm fluids, allowing only lukewarm soups or other drinks, and that only by a spoonful at a time. These stringent rules do not apply to those cases of mild diarrhœa, in which the patient continues to eat fruit and the like, and still soon gets well; but to very obstinate diarrhœa and dysentery, where the intestinal canal is in such a state that almost any substance introduced into the stomach acts mischievously, and where a few spoonfuls of warm soup, or a mouthful of cold water, are immediately followed by severe colics, and soon afterwards by evacuations; though in all cases it is prudent at the commencement to cut off the supply of food as far as possible, especially those articles likely to augment the disease.

He regards opium as the most valuable medicine in diarrhœa, for it keeps the sphincter in a state of permanent contraction, which is often propagated to the large intestines, the small intestine not being able to propel its contents with sufficient force to induce the irritation which causes their expulsion; and these contents being retained, their amount

may become considerably diminished by the absorption of the fluid, though frequently the canal is so diseased as to prevent such absorption; there the diarrhoea will continue in spite of the opium and the contraction of the sphincter. If opium or morphia does not suffice, it must be aided by astringents, by far the best of which, and the most easily supported, is the sulphate of zinc. He does not think tannin in its separate state either so useful or so easily borne, but that it acts better when employed in the decoction of those substances from which it is obtained. He regards alum of no use whatever in diarrhoea, but lead approaches zinc in efficacy, though less certain. The dose he recommends is a quarter of a grain, repeated every two or three hours, and at most every hour. If these means do not suffice we may have recourse to starch enemata, combining with them opium or zinc. In the most obstinate cases we must have recourse to cauterization; but this is only the case when there is a diseased condition of the lower part of the rectum. Very obstinate cases of blennorrhoea confined to the anus may be completely cured by the application of nitrate of silver in substance as high up as it can be passed.

DIGITALIS IN THE TREATMENT OF EPILEPSY.

A young child, not quite two years of age, was brought to Professor Clark's Clinic on the 24th of September last, to be treated for "fits," from which it had suffered for the last twelve months, occurring every three or four weeks—limited to one in a day, though on one day it had seven. The child was nursing; took no other nourishment; its bowels were generally costive. After questioning the mother closely in regard to the symptoms exhibited during the attack, Professor Clark was convinced that the character of the disease was epileptic, or at least epileptoid, as most of the symptoms of epilepsy were manifested in a greater or less degree. Acting upon a suggestion previously made by a medical friend, Professor Clark determined to give the digitalis a trial, and the child was accordingly put upon one drop of the tincture three times a day, with directions to increase the dose gradually as circumstances might indicate. No attack occurred, however, since commencing with the tincture, one drop of which had been taken regularly three times a day until January 14th, when the child was again presented at the clinic, nearly four months having elapsed since the last attack. The Professor remarked that if this was the result of the treatment, we might well sing the praises of digitalis; but as "one swallow does not make a summer," we cannot well judge from a single case whether the child's present favorable condition is the effect of the remedy administered, or a remarkable coincidence. Other remedies have from time to time been recommended, and been attended with success for a time, and afterwards failed to effect the cure; the sulphate of zinc is one that has borne a high reputation.

Professor Van der Kolk has had some success in the treatment of epilepsy, by applying cupping-glasses with scarification or leeches to the back of the neck, followed by seton or issue, with the view to moderate the exalted sensibility of the medulla oblongata, and prescribing internally the infusion of digitalis with small doses of tartar emetic, if the patient can bear them without nausea, to moderate still further the excited vascular action; but says he never succeeded in curing a case with digitalis alone, though he believes it contributes much towards promoting the cure. Whatever may be our future experience with this remedy, this case of Professor Clark seems of sufficient importance to claim the attention of the profession, and to secure for the digitalis a further trial in the treatment of this troublesome disease.

NOTE.—Some errors are noticed in the Progress of Medical Science on page 31, where the word grains should read grammes. The closing paragraph in that article should have appeared in connexion with the article on Wood Spirit, &c., on page 88, vol. vii. It was mislaid, and by some mistake was afterwards inserted in its present connexion.

American Medical Times.

SATURDAY, FEBRUARY 13, 1864.

HEALTH REFORM IN NEW YORK.

ABOUT twenty-five years ago the citizens of London became alarmed at the state of the public health of that city. It was found that one in every thirty-six of the population was dying annually. The diseases prevalent were small-pox, scarlatina, measles, fever, etc., diseases which almost entirely depend for their existence upon the neglect of sanitary regulations. The city had an old health organization which was ruled by the politicians. It absorbed a vast amount of money, but did nothing to promote the health of the city. A few energetic citizens determined to rescue the city from the grasp of ignorant partisans, and place its sanitary interests under the management of an enlightened Board of Health. They at once met the most determined opposition from all the officials who held office under the old organizations. The politicians held public meetings, and loudly declared that the "city of London, for health, cleanliness, effective drainage, lighting, and for supply of water to its inhabitants, cannot be surpassed." The friends of reform replied by bringing forward the tables of mortality, and demonstrating that 5000 names of dead citizens stood recorded therein, which would not have found a place in the mortuary record were these statements true. They went boldly to Parliament and demanded reform. In the language of the Registrar-General they could assert: "Instead of death coming upon our people like a sleep when the faculties are dulled by age and slow decay, it convulses tender infancy, falls with burning fevers upon man in his prime, snatches away the mother with the babe still upon her breast." "The disease-mist, arising from the breath of two millions of people, from open sewers and cess-pools, graves and slaughter-houses, is continually kept up, and undergoing changes; in one season it is pervaded by cholera, in another by influenza; at one time it bears small-pox, measles, scarlatina, and whooping-cough among your children; at another it carries fever on its wings. Like an angel of death it has thus hovered for centuries over London. The plain truth is, 134 persons die daily in London, and the great majority are untimely deaths. Children, fathers, mothers, in the prime of life; at least 38 die daily in excess of the necessary rate of mortality. 38 persons are destroyed every day in London by local causes. If these deaths took place on London Bridge, would any sensible man in the city oppose any reasonable measure devised by a minister of the crown to put a stop to the frightful sacrifice of life? If this generation has not the power to call the dead from their graves, it can close thousands of graves now opening. The poisonous death-vapors may yet be cleared away from London, and some of the sunshine, pure water, fresh air, and health of the country may be given to the grateful inhabitants by the legislature."

The result of this agitation was that the proper legislation was finally obtained, and the old and corrupt health organizations were supplanted by a Board of Health, whose jurisdiction extended beyond the city limits, and embraced all the immediately adjacent parishes. "The sanitary police is composed (under this central board of health) of one principal medical officer (at present one of the most distinguished

surgeons of the realm), subordinate to whom are 32 medical men, who have the direct supervision and execution of sanitary matters in their respective districts. Under the laws prohibiting cellar residences, licensing lodging houses, removing nuisances, requiring ventilation of tenements, etc., etc., that city has, under the administration of this medical corps, from being one of the most unhealthy, become one of the most salubrious." The death-rate has gradually diminished, until the mortality is not greater than that of all England. Truly did Parliament, by the creation of a responsible Health Board, whose jurisdiction extended to every source of disease in and around the metropolis of the kingdom, give to its grateful inhabitants the health of the country.

New York is the only city of considerable magnitude in the civilized world that is without any efficient sanitary police. Truly has Mr. Carr, the late Superintendent of Sanitary Inspection in the City Inspector's Department, in his scathing exposure of the corruption and inefficiency of that organization, said: "We have no Sanitary Department in the city at all commensurate with what the name implies. Beyond even this pretence, the city is as barren of all means to guard against disease, pestilence, or contagion, as if such emergency had never been provided for." From his personal knowledge, Mr. Carr states, "that for the last six months not a sanitary measure has received attention beyond the cleaning of the streets." "For all practical purposes," he adds, "it had been as well if no Sanitary Department were in existence." During the prevalence of such epidemics as cholera, this fact, so tersely expressed by Mr. Carr, becomes patent to every citizen. The Sanitary Committee of the Board of Health report in relation to the cholera, as it prevailed in New York in 1849, of which committee Ex-Governor Morgan was an active and efficient member: "The labors of your committee during the past appalling season of sickness and death, and the awful scenes of degradation, misery, and filth developed to them by their researches, have brought into full view the fact that *we have no sanitary police worthy of the name*; that we are unprotected by that watchful regard over the public health which common sense dictates to be necessary for the security of our lives, the maintenance of the city's reputation, and the preservation of the interests of the inhabitants." Why this failure of New York, the metropolis of the western world, the centre of commerce, of education, of arts, and sciences, to have such health regulations as are dictated by common sense? Is our city naturally so healthy that we may safely dispense with all sanitary supervision of the people? Most certainly not. We may with great propriety repeat what was formerly stated: "An examination of the sanitary statistics for the year just past, not only confirms all that has been alleged respecting the condition of the public health of the city of New York for the past ten or twenty years, but demonstrates further that it is still on the descending grade; that in comparison with many of the other principal cities on this continent, it is in a worse condition than any." Had the mortality of New York been in the same ratio to the population as Philadelphia during the year just passed, 4,266 inhabitants of the former city, now resting in their graves, would be living. Are these unnecessary and preventable deaths anything less than murder!

But can any reduction in our annual mortality be made? Let the public authorities of Paris, London, Liverpool,

Philadelphia, Boston, and Providence answer? Their unanimous verdict is, that an intelligent commission, with proper authority, can render any city as healthy for the poor as well as the rich, as the average of the rural districts. And why should not this be true? The excess of deaths in every town is due to preventable diseases. Fever, scarlatina, measles, scrofula, diarrhoea, and allied diseases, which are so prevalent in cities, are surely under the control of sanitary measures. Take, for example, small-pox. This disease, one of the most loathsome in the whole catalogue, is unknown in Providence, R. I., and in Boston, except as it is imported from New York. What is true of small-pox is true of the great mass of the most fatal diseases in those cities. They have been reduced to a minimum in frequency and fatality. It has been well said that "One fact alone would appear to show that New York city is utterly abandoned to the unchecked sway of disease, and this is, that small-pox has prevailed here without interruption or official interference, from the year 1822 to the present hour, although in that period it has destroyed the lives of about 9,000 persons; and as it is fatal in only one in ten of those attacked with it, it follows that there were about 90,000 cases of it within that time, and yet we hear of no official effort to arrest its progress."

The causes of our great mortality are accurately pointed out in the report of the City Inspector for 1861. He says: "The causes of this excessive mortality must be sought for in this city, and are readily traceable to the wretched habitations in which parents and children are forced to take up their abode; in the contracted alleys, the underground, murky, and pestilential cellars, the tenement house, with its hundreds of occupants, where families cook, eat, and sleep in a single room, without light or ventilation, surrounded with filth, an atmosphere foul, foetid, and deadly, with none to console with or advise them, or to apply to for relief when disease invades them." He asks with great pertinency, "How is this state of things, which marks with shame the great city of New York, to be remedied?" Let those who believe in our present system mark well his reply. He says: "The power of remedy does not rest in me, nor in the department over which I have the honor to preside."

What resource, then, have the people of this city, but in an appeal to the Legislature to create a Health Department that has "the power of remedy?" None whatever. The appeal has again been made, and for the sake of suffering humanity we hope it will be heeded.

REPORT FROM A REBEL HOSPITAL.

THE London *Lancet* is so fortunate as to have received a report from the General Hospital of Camp Winder, near Richmond, Va. It was forwarded by "Inspector A. J. SEMMES, M.D., Confederate States Army." It is stated that this hospital is constructed for 3,000 patients, and that in June last it contained 2,500, most of whom were wounded May 3, at Chancellorsville. The hospital is composed of five divisions, each division being under the charge of a surgeon with six assistant-surgeons acting under him. The report of cases is very meagre, and, as far as published, of little value. The first is a case of ligature of both carotids, with an interval of six days, for hemorrhage following a gunshot wound of neck. Patient survived thirty-eight hours. PROF. LONGMORE, who performs the evidently grateful office of editor of the reports, falls into the error

of stating that the ligature of both carotids within so short a period is unexampled. A London authority, Mr. ERICHSEN, could have corrected him. MOTT tied both carotids with an interval of fifteen minutes, and Langenbeck ligated them both at the same time. The second case was a gunshot wound of abdomen, and recovery. The patient was under Surgeon CHAMBLISS. The report, thus far, is a most uninteresting detail of cases, and proves but too plainly that our Southern brethren are not making progress.

SARRACENIA PURPUREA IN SMALL-POX.

THE *Sarracenia* has finally been submitted to a trial, which would seem to prove conclusively that it has no specific virtues in small-pox. The cases related by Dr. LEVINGS in another column, where the article was obtained from MAJOR LANE himself, are too accurate to allow a doubt of the fairness of the trial. It is time the profession put an end to the pretensions of those persons who are endeavoring to palm upon the community a remedy of no value.

THE BIRTH OF A PRINCE.

THE birth of an heir to the British Crown has given rise to the usual amount of congratulation in courtly phrases in the English papers. The extremely commonplace circumstances, however, attending the birth, have not failed to call out a certain degree of vulgar comment. The Prince of Wales and his wife were in the country, and she was engaged on the day of her confinement in skating. Her accouchement was not anticipated in two or three months, according to the regular order of things, dating from the period of marriage. She had felt some pain in the morning, but it was not ascribed to the true cause. Towards evening the symptoms became unmistakable, and then the scene began. There was no preparation for the coming event; the accoucheur was in London, and was immediately telegraphed; there were no attendants worthy of the occasion. Meantime, the progress of events showed that the denouement of the heir was more rapidly approaching than the accoucheur, and it became necessary to call in Dr. BROWN, a plain country practitioner, who had the honor of officiating at the birth. The physician-accoucheur, Dr. FARRE, arrived from London just too late. The child was wrapped in cotton in the absence of all baby clothing, and from a neighboring infirmary plain Mrs. CONNOR was selected to wet-nurse the infant. The medical attendants issued a bulletin announcing the happy delivery by the Princess of a Prince. Thus ended a scene in high life, not at all unlike that which often occurs in the humblest cottage. The *Saturday Review*, in a very sarcastic vein, ridicules the court customs on such occasions, and takes the medical attendants to task for announcing the birth of a Prince, as though a Prince could be born, and states that it was their duty to declare simply whether the child was a boy or girl.

Two new medical dictionaries have been announced as in course of preparation in France. The first is to be called the "Encyclopædial Dictionary of Medical Sciences," and will consist of twenty volumes octavo, of about 800 pages each, and be issued in half volumes. The contributors comprise the names of the most prominent old and young celebrities. The second will be called "The New Dictionary of Practical Medicine and Surgery," consisting of twelve or fifteen volumes, of 800 pages each. The contributors are about thirty in number.

Correspondence.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

(Continued from page 71.)

THE Society met at 3.15 P.M. The President, DR. BISSELL, in the chair.

The following permanent members and delegates from New York and Brooklyn were present:—

Drs. Joel Foster, Vice-President; N. C. Husted, J. F. Jenkins, J. K. Merritt, Henry S. Downs, Louis Elsberg, Jas. Kennedy, S. R. Percy, E. L. Beadle, Guido Furman, E. R. Squibb, Jas. M. Minor, John Ordronaux. The following New Yorkers were also in attendance: Drs. Louis A. Sayre, C. F. Taylor, Alonzo Calkins, and A. N. Gunn.

DR. HOWARD TOWNSEND read a paper upon the Glycogenic function of the Liver, which he made introductory to an experiment to prove to the Society the development of sugar in the human liver, which, though well established by the investigations of Prof. Bernard, an opportunity does not often occur to prove—because of the difficulty of obtaining a human liver in a perfectly healthy condition to experiment upon. Dr. T. explained the physiology of the liver and its cell action, so far as is at present determined, and illustrated the subject by diagrams. He gave a synopsis of Pavy's views, as set forth in his work lately published in London, wherein he controverts Bernard's idea of sugar being developed, though agreeing with Bernard in reference to the glycogene being developed in the liver, but gives it another name.

The liver-juice which Dr. T. exhibited was from the liver of a man lately killed in an affray in Albany—a man in full vigor of health, dying almost instantaneously.

Into a small amount of the juice from this liver he dropped some of the cupro-potassic test, which immediately threw down the red protoxide of copper, because of the liver sugar's affinity for the oxygen of the deutoxide of copper. The lung-juice produced no change, because in it there was no sugar, the blue color persisting. In order to corroborate this test, Dr. T. dropped some of the test (Kletzenski's) into a solution of ordinary glucose, when the red protoxide was immediately formed, just as it was in the liver-juice.

DR. TOWLER, in reply, stated that he had found sugar in the human liver on two occasions.

DR. SEGUN read a portion of his paper on idiocy, which was accepted and referred to publishing committee.

DR. ARMSBY read a paper on "Ligature of the Subclavian Artery," which was disposed of in like manner.

The Treasurer read his annual report. The chair appointed a committee to examine the same and report thereon. Both reports were accepted.

DR. STAATS, on behalf of the censors of the eastern district, reported that they examined during the past year ten gentlemen, and recommended them to diplomas.

DR. SWINBURNE, chairman of a committee to confer with the Governor and the Legislature to procure additional means for the aid of sick, wounded, and indigent soldiers, read his report—which was accepted.

DR. ELSBERG read a paper entitled "On the Means of Diagnosis of Diseases of the Larynx," which was referred to publishing committee.

DR. FURMAN presented the following from the New York County Medical Society:

"At a regular meeting of the New York County Medical Society, held January 4, 1864, the following resolution was passed:—

"Resolved.—That in view of the unsettled state of opinion among medical practitioners, concerning the propriety of advertising 'Specialties' in medical or other journals, the delegates of this Society be instructed to bring this subject before the Medical Society of the State of New York at its next meeting, with a view to the establishment of some definite regulations concerning it."

As one of the delegates of that Society, Dr. F. moved that a Committee be appointed to consider this subject and report before the adjournment of this meeting; the chair

appointed as such committee—Drs. BRINSMADE, TOWNSEND, and FERNAN.

Dr. WILLARD presented a communication from the Med. Society of the County of Albany, being an address by Dr. HOWARD TOWNSEND. Referred to publishing committee.

Dr. SWINBURNE read, on behalf of Dr. Otis G. Badlows, of Clarendon, N. Y., a paper on "Extra Uterine Fœtations." Accepted and referred to publishing committee.

Dr. DOWNS read a paper entitled, "On the Mutual Antidotal Properties of Opium and Belladonna," with cases and quotations. Accepted and referred to publishing committee.

Dr. MERRITT read a communication from the New York County Medical Society entitled, "On the Action of Mercury upon the Liver," by JAMES L. BROWN, M.D., of New York. On motion the paper was accepted, and it was resolved that the subject of it be discussed to-morrow, after the reading of the regular papers.

An invitation was received from His Excellency Governor SEYMOUR, inviting the members of the Society to visit him at his residence on Thursday evening; which was accepted. Adjourned to 10 o'clock Wednesday morning.

MORNING SESSION—SECOND DAY.

The session opened at ten o'clock, with a very large attendance. Prayer was offered by the Rev. Dr. Pohlman. The Secretary announced that Dr. H. F. Stevens, delegate from the Vermont State Med. Soc., Dr. M. C. Edmunds, delegate from the Connecticut River Valley Medical Association, Dr. Henry L. Sabin, a honorary member from the Massachusetts State Medical Society, and Dr. Beckwith, of the Connecticut State Medical Society, were in attendance.

Drs. SABIN and BECKWITH responded to their introduction briefly and in a very happy manner.

Dr. THOMAS M. BLATCHFORD, a delegate to the State Medical Society of New Jersey from this Society, presented his report, which was accepted.

Dr. S. D. WILLARD presented the following papers: "Mortality of the City of New York," by Dr. Ramsay; "Regimental Surgeons of the State of New York in the War of the Rebellion, from 1861 to 1864," by Dr. S. D. Willard; "Memoir of Dr. Abijah G. Benedict," by Dr. S. D. Willard; "Mortality of the City of Rochester, N.Y.," by H. H. Langworthy, Health Officer.

Also a communication from the Medical Society of Oneida County, entitled, "Belladonna as an Antidote to Opium, after entering the Circulation," which were all referred.

PLASTIC OPERATIONS ON THE FACE.

Dr. GURDON BUCK, of New York, presented a male patient who had been the victim of an extensive destruction of the face by gangrene, and read a paper in relation to the same, entitled, "A Case in which several Plastic Operations were successfully Performed, for the Restoration of the Right Half of the Upper Lip, and adjacent Portions of the Cheek and Nose." Dr. B. stated that on the admission of the case into the New York Hospital, on the thirty-first day of December, 1862, the patient's right eye was destroyed and sunken. The right half of the upper lip, the right ala of the nose, and the adjacent portion of the cheek, besides the entire right superior maxillary bone, is gone, which left an extensive opening directly into the cavity of the mouth and right nasal fossa. To rectify this deformity, the patient was subjected to five separate operations at as many different times. Dr. B. presented photographic views of the patient's face before the first operation, one showing the result of the first operation, and one showing the result of the second operation. Also photographs showing the final results, one giving a front view, one a right side view, and one giving a left side view. The superior maxillary bone is now in the anatomical museum at Washington City.

The statements of the case were listened to with the

most marked attention. A vote of thanks was tendered to Dr. Buck for his very interesting paper and the exhibition of his case, and a resolution adopted requesting Dr. Buck to furnish a copy for publication.

Dr. WILLARD, from the Committee on Credentials, introduced to the Society Surgeon Charles A. Tripler, late Medical Director of the Army of the Potomac.

BACK-ACHE IN AMERICAN WOMEN.

Dr. C. F. TAYLOR read a paper entitled, "Spinal Irritation, or the Causes which tend to Produce Back-Ache in American Women," illustrated with many drawings.

Dr. WILLIAM MANLIUS SMITH read a report of two cases of poisoning. Both papers were referred.

Dr. SWINBURNE offered the following resolutions:—

Resolved, That this Society cause to be printed one thousand copies of Dr. Percy's paper on the Food of Cities, for the use of the Senate and Representatives of the State Legislature, and for members of this Society.

Resolved, That the Committee already appointed to confer with the Legislature be empowered to carry the resolution into effect.

Which were adopted.

Dr. CHARLES A. LEE presented a communication entitled "Remarks on the Management of Lunatic Asylums in Great Britain and France, with some Suggestions for the Improvement of our own."

Dr. ORDONAU, on behalf of the Committee on the "Prize Essay," made some remarks in relation to the same, and brought the subject of vaccination up, requesting Dr. Sayre to give his views on the matter.

Dr. CORLISS moved that a committee of three be appointed to confer with the Legislature relative to some action for the more perfect protection from small-pox. Adopted, and the following committee appointed for that purpose:—Drs. SAYRE, ORDONAU, CORLISS.

Dr. SAUNDERS moved that the same committee be authorized to memorialize the Congress of the United States to enact a law for the more perfect protection from small-pox in the District of Columbia, the several States, and in the army and navy, which was adopted.

Adjourned, to meet again at three P.M. to-day.

AFTERNOON SESSION.

The Society convened at the hour specified, and were called to order by the President.

Dr. CORLISS presented a communication from the Washington County Medical Society, entitled, "Inaugural Address, by Dr. White." Referred.

STATE BOARD OF EXAMINERS.

Dr. CHARLES A. LEE presented the following:—

UNIVERSITY OF BUFFALO,
MEDICAL DEPARTMENT.

On motion of Prof. Charles A. Lee, seconded by Prof. James P. White, it was

Resolved, That the New York State Medical Society be requested to appoint a committee to consider the expediency of, and report, a plan for the appointment of a State Board of Examiners for the degree of Doctor of Medicine, and to report at the next meeting of the Society.

Resolved, That the same committee be instructed to bring the subject before the next meeting of the American Medical Association, and that the Delegates of this Society be instructed to urge the general adoption of the same plan in the other States of the Union. Carried unanimously.

THOS. F. ROCHESTER, Secretary.
SANDFORD EASTMAN, Dean of the Faculty.
BUFFALO, Feb. 2, 1864.

Dr. B. P. STAATS moved: That the resolutions be adopted by the Society, and that the same committee be instructed to bring the subject before the next meeting of the American Medical Association, and that the delegates of this Society be instructed to urge the general adoption of the same plan in the other States of the Union.

The resolutions were adopted.

Dr. E. R. SQUIBB presented the final report of the Committee on the subject of the revision of the United States Pharmacopœia.

Dr. PERCY moved that the thanks of the Society be

presented to Dr. Squibb for the efficient manner in which he has discharged the laborious duties assigned to him; and that a copy of the resolution be transmitted to him by the officers of the Society. Adopted.

TRANSPORTATION OF COMPOUND FRACTURES OF THIGH.

DR. SWINBURNE read a paper on "Compound Fractures of the Thigh, and Means for Transportation," and exhibited a drawing of an army stretcher prepared for the treatment of compound fracture of the thigh upon the field.

The reading of the paper was followed by complimentary remarks by Surgeon Tripler, of the U.S.A., Drs. Green, of Massachusetts, and Sayre, of New York. Dr. Corliss, of New York, suggested the wisdom of sending a load of straw into the field as a substitute for newfangled splints and similar contrivances. The discussion ended in the following resolution by Dr. Kennedy, which was adopted: "That the paper by Dr. Swinburne, and the recommendations therein contained, and the instrument devised by him, be referred to the Surgeon-General of the State of New York."

DR. O. WHITE presented by title the "Report of a Case of Impalement through the Vagina."

Adjourned, to meet at eight o'clock this evening.

EVENING SESSION.

The Society met at eight P.M. in the Assembly Chamber, the Vice-President, Dr. Joel Foster, presiding.

DR. D. P. BISSELL, the President of the Society, delivered the annual address, as required by statute. After which a resolution of thanks was passed.

MORNING SESSION—THIRD DAY.

The Society was called to order by the President, and the Rev. Dr. Tatlock offered a prayer. The following is a list of the gentlemen's names registered:—

Drs. D. P. Bissell, Joel Foster, S. D. Willard, C. E. Van Anden, N. C. Husted, Guido Furman, Wm. Govan, M. C. Hasbrouck, J. O. Cobb, F. Tourtelot, A. Hann, A. L. Saunders, John E. Todd, J. F. Jenkins, J. Towler, E. S. Lyman, Jas. Kennedy, Jas. Ferguson, Jas. Lee, Fred. Hyde, B. P. Staats, E. H. Parker, H. K. Willard, H. S. Crandall, A. F. Doolittle, Geo. W. Bradford, Alden March, P. V. N. Morris, Louis Elsborg, Jas. Whitford, A. J. Dallas, D. B. Whitney, J. King Merritt, W. L. Appley, C. M. Crandall, J. H. Armsby, John Ferguson, Hiram Corliss, J. G. Orton, T. C. Brinsmade, S. O. Vanderpoel, T. W. Blatchford, A. D. Hull, Howard Townsend, John Swinburne, J. T. Williams, R. L. Allen, E. R. Squibb, J. S. Weidman, D. W. Burdick, R. Blawie, S. H. Harrington, J. K. Chamberlayne, J. Newkirk, E. L. Beadle, H. S. Downs, Jos. Bates, John Ordonaux, John V. Hoyt, H. C. Gray, M. M. Wood, E. W. Bottum, John P. Gray, Austin White, Alex. Ayer, P. P. Staats, Wm. H. Bailey, E. M. Carmichael, M. L. Finch, — Wolcott, Jas. H. Curry, John H. Reynolds, S. H. Freeman, M. H. Colby, J. K. Leaming, O. M. Allaban, P. McNaughton, Jas. Thorne, Avery Cook, Jas. M. Minor, J. N. Northrop, L. Barton, Wm. M. Smith, E. W. Howard, J. V. Lansing, H. B. Salmon, Wm. Rockwell, Jacob Hant, E. S. F. Arnold, I. Botsford, S. E. Percy, J. G. Beckwith, M. C. Edmonds, John Pindar, H. F. Stevens, Oliver White, Jos. C. Hutchinson, I. E. Casey, T. B. Reynolds, J. G. Snell, Henry L. Sabine, C. E. Agnew, Peter Failing, J. H. Wheeler, M. F. Cogswell, Douglas Bly, Chas. A. Lee, J. V. P. Quackenbush, P. Van O'Linda, H. G. Carrington, Jas. McNaughton, Israel Parsons, Wm. F. Carter, Thos. Hun, S. W. Butler, L. A. Sayre, Wm. McCullum, L. G. Warren, J. R. Bontware, H. G. Bigelow, M. L. Meade, J. S. Mosher, J. E. Smith, J. M. Sturdevant, W. H. Craig, F. L. V. Chapin, Gordon Buck, J. F. Flint, Jos. Lewis, Cyrus Ramsay, Staats Winne, W. C. Anderson, Chas. S. Tripler, Edward Duffy, Levi Moore, S. G. Delamater, Alex. Ennis, W. W. Greene, A. M. Smith, M. H. Burton, D. M. Devendorf, S. W. Greene, J. M. Delamater, Henry Marsh, W. H. Richardson, M. W. Burns, Asahel Perry, Archibald Gow, H. L. Sabara, J. E. Preston, H. S. Case, E. R. Seguin, Daniel Maybern, A. N. Gunn, Geo. W. Little, Thos. E. Bartscill, Chas. F. Taylor, L. G. Warren, P. S. Lowe, Levy McLenne, B. S. Catlin, Asher Wright, H. B. Mayhen, Geo. W. Barr, W. G. Biglow, A. Calkins. Making a representation of 166.

DR. N. C. HUSTED read "A Case of Molar Pregnancy."

DR. J. G. ORTON presented a report from the standing committee on "Medical and Surgical Statistics," which was accepted, and, on motion, the Committee was requested to continue its labors.

DR. ORTON also read a paper on the use of bi-chromate of potassa in the treatment of diphtheria.

DR. ELSBERG presented several instruments—with remarks connected with his specialty.

The Committee on the President's Inaugural Address reported against the application for an amendment of the statute so as to provide for the election of more than one Vice-President. The Committee approved the recommen-

dation of the President relative to compensating the Secretary, and urged the propriety and justice of providing therefor.

The Committee recommended that hereafter the salary of the Secretary shall be \$—, and that some compensation shall be granted him for services already so faithfully rendered; that in order to meet the necessary expense, if the report should be adopted, the Committee recommended a self-imposed tax on each member, permanent and delegate, of \$—.

The report was accepted and adopted.

DR. STAATS moved to fill the first blank with two hundred and fifty. Adopted.

DR. STAATS moved that the check for \$100, returned to the Society by the Secretary, for diplomas delivered by him, be cancelled, in consideration of the services rendered by him the past year.

An amendment was offered to add to that sum \$150, so as to make the salary for the past year \$250, which was accepted, and the resolution adopted.

The last blank in the report was filled with the word one.

DR. KENNEDY moved that a Committee be appointed to equalize the tax on societies, with a view to meet the foregoing resolutions, and report at the next meeting of the Society. Which was adopted, and the Chair appointed DRS. KENNEDY, BRINSMADE, and WOLCOTT.

DR. BRINSMADE presented the following report and resolutions:—

The undersigned, appointed a Special Committee to report upon a resolution passed by the Medical Society of the County of New York, in relation to the propriety of medical practitioners advertising their "Specialty" in medical or other journals, and referred to this Society for decision, beg leave to offer the following resolutions:—

Resolved, That in the opinion of this Society it is impossible to define the limits of advertising "Medical Specialties," either in medical or other journals.

Resolved, That advertisements indicating location and residence, are the utmost limits of self-announcement, consistent with professional dignity; and that all reference to special branches of medical practice, as extra inducements to patronage, should be deemed violations of the code of medical ethics.

Resolved, That hereafter any medical practitioner, so offending, shall be deemed disqualified as a Delegate to or for membership of this Society; and if already a delegate to or member thereof, shall be deemed a fit subject for discipline.

Resolved, That this Society recommends all medical societies in the State of New York to adopt the foregoing resolutions, with a view to establish the true dignity of our profession.

Resolved, That the foregoing resolutions be transmitted to the American Medical Association at its next annual meeting, as an expression of the opinion of the Medical Society of the State of New York, and that for this purpose a Committee of Presentation be appointed.

Signed: THOS. C. BRINSMADE,
HOWARD TOWNSEND,
GUIDO FURMAN.

The report was accepted, and on motion of DR. JENKINS, the subject was made the special order for the second day of the next annual meeting at twelve M.

DR. ORTON, Secretary of the Nominating Committee, presented that Committee's report, and the Society elected the following officers, censors, permanent and honorary members, delegates, committees, etc.

President, FRID. HYDE, M.D.

Vice-President, GEO. J. FISHER, M.D.

Secretary, S. D. WILLARD, M.D.

Treasurer, J. V. P. QUACKENBUSH, M.D.

Committee of Publication.—DRS. S. D. WILLARD, S. O. VANDERPOEL, SAMUEL H. FREEMAN.

Censors.—Southern District: DRS. H. D. BULKLEY, N. C. HUSTED, JOHN BALL. Eastern District: DRS. B. P. STAATS, T. C. BRINSMADE, PETER MCNAUGHTON. Middle District: DRS. M. M. BRAGG, C. B. COVENTRY, A. F. DOOLITTLE. Western District: DRS. ALEX. THOMPSON, C. M. CRANDALL, EDWARD HALL.

Committee on Correspondence.—1st Dist., Dr. Guido Furman; 2d, John Ordonaux; 3d, James H. Armsby; 4th, James Ferguson; 5th, J. M. Sturdevant; 6th, John G. Orton; 7th, A. B. Shipman; 8th, James P. White.

As Permanent Members.—1st Dist., Dr. J. C. Hutchinson, S. A. Purdy; 2d, Peter Moulton, Charles McMillen; 3d, W. H. Bailey, A. D. Hull; 4th, J. H. Reynolds, J. H. Chubbuck; 5th, Joseph S. Whaley, Samuel G. Wolcott; 6th, Wm. H. Fish, E. M. Alba; 7th, J. Towler, S. Avery; 8th, John Root, Solomon Barrett.

Eligible to Permanent Membership:—1st Dist., J. K. Merritt, New York; E. L. Beadle, do.; James Kennedy, do.; Cornelius R. Agnew, do. 2d, John V. Holt, Ulster Co.; Darling B. Whitney, Queens. 3d, John Ferguson, Davenport, Delaware Co.; Henry B. Salme, Columbia Co.; Peter P. Staats, Albany. 4th, E. W. Howard, Warren Co.; M. L. Finch, Saratoga Co.; Thompson Burton, Montgomery Co.; Griffin Sweet, Herkimer; — Blauvis, Washington; Louis Elsberg. 5th, John D. Gay, Oneida Co.; Jacob Hunt, do.; J. E. Casey, Herkimer Co.; G. Botsford, Greene Co. 6th, S. H. Harrington, Broome Co.; De Witt White, Chenango Co.; M. M. Wood, do. 7th, E. W. Bottom, Wayne Co.; Darwin Colvin, do. 8th, J. T. Williams, Chataque; Sanford Eastman, Erie Co.

Hon. Members:—Drs. William W. Rutherford, Pennsylvania; James A. Allen, Michigan; O. P. Hubbard, Harvard College; W. J. Sloan, U.S.A.; Steven Wicks, Orange, N. J.; James Couper, New Castle, Del.

For Eligibility to Hon. Membership:—Dr. C. S. Tripler, Surgeon, U.S.A.; Prof. Smith, of Dartmouth Medical School.

Recommended to the Regents of the University for the Degree of Doctor of Medicine:—Drs. Leonard G. Warren, of Albany Co.; R. Spencer Chapin, of New York City.

Delegates to National Quarantine and Sanitary Convention:—Drs. John G. Adams, R. L. Allen, Elisha Harris, T. C. Brinsmade, John H. Griscom, Alden March, T. L. Mason, G. W. Bradford, John Boardman, Joel Foster.

Delegates to State Medical Society, Connecticut:—Drs. T. C. Fennell, H. D. Bulkley, S. O. Vanderpool.

Delegates to State Medical Society of New Jersey:—Drs. Lewis A. Sayre, E. S. F. Arnold, John Bell.

Delegates to State Medical Society of Massachusetts:—Drs. A. L. Saunders, John Ordronaux, J. M. Armsby.

Delegates to State Medical Society of Vermont:—Drs. Joseph Bates, W. P. Seymour, John Swinburne.

Delegates to State Medical Society of New Hampshire:—Drs. Samuel Hart, J. V. P. Quackenbush, Hiram Corliss.

Delegates to State Medical Society of Pennsylvania:—Drs. D. P. Bissell, N. C. Husted, John E. Todd.

Delegates to American Medical Association:—Drs. J. M. Minor, B. P. Staats, J. F. Jenkins, Wm. Govan, H. A. Carington, T. W. Blatchford, G. W. Bradford, J. M. Pruyn, D. P. Thomas, A. Van Dyke, A. F. Doolittle, D. Colvin, Fredk. Hyde, J. P. White, Oliver White, Philander Stewart, A. L. Landers, Wm. Taylor, Wm. Manlius Smith, James O. Pond, John Ordronaux, John Swinburne, Augustus Willard, C. L. Mitchell, R. L. Allen, C. M. Crandall.

On motion of Dr. B. P. Staats the "Merritt Cash" Prize Committee of last year was continued for the present year.

On motion of Dr. Vanderpool, Drs. O. White, N. C. Husted, and Jos. King Merritt were appointed a Committee from New York city, to submit some plan at the next annual meeting for expediting the business of the Society.

Dr. Parker moved that \$3500 from the funds of the Society be added to the "Merritt Cash" prize fund, to make it \$7000, and that the same Committee be continued, which was adopted.

Dr. Ordronaux moved that the "Cash Prize" Committee be authorized to bestow a medal of the same value as the prize, and in lieu thereof, upon the successful competitor, if he shall so choose to receive it.

On motion of Dr. Staats a vote of thanks was passed to the retiring President, the Secretary, and to the Clergy who had officiated for their service.

On motion the Society adjourned *sine die*.

The retiring President's address was spoken of in flattering terms. The members and delegates of the Society were the guests of Dr. March on Tuesday evening; of Dr. Quackenbush on Wednesday evening; and his Excellency the Governor, on Thursday evening.

NEW YORK STATE MEDICAL SOCIETY.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The late meeting of the State Medical Society in this city suggests some reflections. Whoever has regularly attended these annual gatherings must have noticed the growing interest manifested in them by the profession throughout the State, as evinced in the increasing assemblages from year to year. So far as the country representation is concerned, both by permanent members and delegates, there is a disposition to send the best men in the profession. And the tone of elevation in this respect is markedly apparent. While I would by no means disparage the representation from the larger cities, the absence of very many gentlemen who, by their attainments and position in the profession, would confer an additional dignity to the body, is painfully apparent.

It was gratifying to see Dr. Buck at the meeting; but where were Drs. Willard Parker, Alonzo Clark, Jas. R. Wood, Flint, Hamilton, Draper, J. M. Smith, Stephen Smith, Markoe, and many other representative men in your city? Is it right for such gentlemen to stay away because the proceedings have little interest for them? This Society should be, as it is intended, the representation of the best Medical talent of the State.

The volumes of Transactions, which are now widely disseminated, should be the exponent of the medical status for industry and research. Can we truly say they take that standard? There are men in the profession in this State who rank second to none in the world. The very extent of the State, its varied climatic influences, could stimulate the largest inquiry and bring about large results.

There is one way to elevate the standard of this Society to the point which it should attain, and that is by the best men coming regularly to its gatherings, and making the Transactions the organ of their studies and experience.

Another point to notice, is the manner in which the meetings are conducted. When the assemblage was small, and the papers presented few in number, it was feasible and desirable that each should be read and discussed, thus developing from members their own ideas upon a subject. This course is now utterly impracticable. From the increased size of the gatherings, and the number of papers presented, it is impossible in most instances to read more than a mere abstract, and any discussion of the merits is out of the question. The paper is at once referred to the publishing committee, upon whom devolves the onus of publishing, it may be, an indifferent communication, or, if rejected, of incurring the personal animosity of the writer.

Irrespective of this, there is another objection. The varied tastes of the members render it tedious to sit and listen to communications in which they have little interest. If, after the transaction of general business, the Society should resolve itself into sections, communications could receive a more impartial consideration, debates upon the merits and views of the paper would be evoked, new or suggestive ideas started, and a universal feeling prevail that time thus spent was profitable. A committee composed of Drs. White, Squibb, and Husted, was appointed to consider this subject and report at the next meeting.

One other point is the volume of Transactions. These should comprise the "crème de la crème" of thought on medical topics during the year. Each Medical Society and Association throughout the State should send to the State Society such papers as are really worthy of preservation. In the city of New York alone a rich mine of material is annually elaborated. The County Medical Society, the different sections of the Academy of Medicine, the Pathological Society, should be only so many fields from which materials should be sifted and collated for this garner. Were this so, it seems to us a true impetus would be given to the influence of this Society. The Transactions would be sought for, as they truly can and may be, as the exponent of medical progress in this country. Such a course would in no way interfere with that other indispensable

outlet, the medical journals. They should represent the current literature of the day; nor would it deprive them of giving, as at present, abstracts or resumés of valuable papers. They cannot be expected to treat of any topic exhaustively, as may be done in papers for the Transactions.

Pardon me for this discursive letter. Should it tend in any way to increase an interest in the Society, or stimulate to exertion in its behalf the best intellect of the profession, I should feel amply repaid.

Yours, etc.,

S. OAKLEY VANDERPOEL, M.D.

ALBANY, FEB. 6, 1864.

Army Medical Intelligence.

CIRCULAR, No. 2.

SURGEON-GENERAL'S OFFICE,
WASHINGTON, D.C., January 19, 1864.

The attention of Medical Officers in charge of U.S. Hospitals is called to the imperative necessity for more strict compliance with Paragraph 1286, Revised Army Regulations, 1863, regarding Descriptive Lists of soldiers leaving hospitals. Whether a soldier be transferred from one hospital to another, to his regiment, or to any other point, his complete and certified descriptive list must be at once transmitted to the proper officer.

Hereafter, failure to comply with this regulation will be considered disobedience of orders, and as such reported to the Secretary of War for his action.

JOS. K. BARNES,
Acting Surgeon-General.

MEDICAL SOCIETY OF THE 2D DIVISION, 3D ARMY CORPS, ARMY OF THE POTOMAC.—The medical officers serving in the 2d Division, 3d Corps, now in camp near Brandy Station, Va., have organized a medical society with the following named officers:—President, Surgeon Charles R. Irwin, 3d Excelsior Regiment, and Surgeon-in-Chief 2d Brigade; Vice-President, Asst.-Surgeon J. Theodore Calhoun, U.S.A., Surgeon-in-Chief of the Division; Recording Secretary, Asst.-Surgeon Charles F. J. Lehlbach, 7th New Jersey Vols.; Corresponding Secretary, Asst.-Surgeon Thomas Crozier, 16th Mass. Vol. Inf.; Treasurer, Surg. D. W. C. Hough, 7th New Jersey Vols. The society holds weekly meetings, at which essays on military medicine and surgery are read by some member appointed for that purpose, the subject of the essay afterwards being discussed by the members generally.

ORDERS, CHANGES, &c.

Surgeon S. W. Gross, U.S.V., has returned from leave to Morris Island, S. C., and resumed his duties as Surgeon-in-Chief.

Assistant-Surgeon H. C. Roberts is on duty at Norfolk, Va., as Attending Surgeon, Fort Norfolk and the City Jail.

Surgeon Lewis D. Harlow, U.S.V., has been relieved from duty at General Hospital No. 3, Nashville, Tenn., and assigned to General Hospital No. 3, Chattanooga, Tenn.

Surgeon C. A. Cowgill, U.S.V., has been relieved from duty as Superintendent of General Hospitals, District of North Carolina.

Surgeon Daniel Meeker, U.S.V., has relieved Surgeon Shippen, U.S.V., in charge of General Hospital and Convalescent Camp, Camp Nelson, Ky. Surgeon Shippen has been ordered to Knoxville.

Surgeon James Leete, U.S.V., has been relieved from duty in Baltimore, Md., and assigned to Wilmington, Del.

Surgeon D. P. Smith, U.S.V., is on leave of absence at Springfield, Mass. Surgeon Lincoln E. Stone, U.S.V., has been relieved from duty in the Office of the Medical Director, Department of West Virginia, and has relieved Acting Assistant-Surgeon J. K. Bell, U.S.A., in charge of the General Hospital, Gallipoli, Ohio.

Assistant-Surgeon H. L. W. Burritt, U.S.V., is on duty with 1st Division, 9th Corps, Knoxville, Tenn.

Leave of absence for twenty days, with permission to apply for forty days' extension, has been granted Surgeon J. E. Ludlow, U.S.V.

Surgeon J. E. Herbst, U.S.V., has been relieved from duty with the 12th Army Corps, and assigned to Cumberland Hospital, Nashville, Tenn.

Assistant-Surgeon Robert McGowan, U.S.V., to duty at General Hospital No. 4, Knoxville, Tenn.

Assistant-Surgeon A. B. Chapin, U.S.V., has relieved Assistant-Surgeon Henry O. Parry, U.S.A., at Portsmouth, Va.

General Hospitals Nos. 1, 2, and 3, New Albany, Indiana, Branch 12 of General Hospital No. 1, and Branch 10 of General Hospital No. 2, at Louisville, Ky., have been closed.

Camp Distribution, near Alexandria, Va., will be broken up as soon as practicable, and Camp Convalescent, at Alexandria, Va., will hereafter be, and be known as, "Rendezvous of Distribution, near Alexandria, Va.," and the place from which all men fit for field service, arriving in the Department of Washington, will be distributed to their regiments. In future, none but men fit for field service, and deserters, will be sent to this rendezvous. The Surgeon-General will see that all men in General Hospitals are transferred to the Invalid Corps, discharged, or retained for treatment until fit for field service, as may be proper in each case, unless otherwise disposed of by proper authority, and not forwarded to this camp until they are fit for field service, as has heretofore been the custom.

Medical Cadet Joseph Welsh, U.S.A., has been sentenced by Court Martial to be dishonorably discharged the service of the United States, for obtaining money from soldiers on promise of procuring their discharge.

Surgeon Josiah Curtis, U.S.V., has received permission to visit Washington, for the settlement of his accounts.

Surgeon James D. Strawbridge, U.S.V., has been relieved from duty as Examining Surgeon of Recruits at Philadelphia, Pa., and will report in person without delay to Lieut. Colonel J. V. Bomford, 10th U.S. Infantry, Superintendent Volunteer Recruiting Service at Harrisburg, Pa., for duty as Examining Surgeon of Volunteer Recruits at that place.

D. D. Hitchcock has been mustered into the service of the United States as Assistant Surgeon, 2d Indiana Regiment, to date March 1, 1863.

Hospital Steward Charles Thomas, U.S.A., has been honorably discharged the service of the United States.

Surgeon William A. Conover, U.S.V., has been assigned to duty as Surgeon in Chief, Sub-district of Pamlico, Headquarters at Washington, N.C.

Surgeon Thomas A. Worrall, U.S.V., now on duty at Depot for Drafted Men, Riker's Island, New York, to report to Assistant Surgeon-General E. C. Wood, U.S.A., at Louisville, Ky., for assignment to duty.

Surgeon Alexander H. Hoff, U.S.V., now on duty in charge of Hospital Steamer Charles McDougall, at Louisville, Ky., to report to the Commanding General, Department of the East, for assignment to duty, as soon as his presence before a Court Martial now in session in this city can be dispensed with.

William Storer (alias William Brown), a recruit of the General Service, U.S.A., will, upon the ground of minority, be discharged the service of the United States upon the receipt of this order, at the place where he may be serving. The expenses incurred in the enlistment of said recruit will be deducted from the pay of Acting Assistant Surgeon E. A. Martin, Examining Surgeon at Harrisburg, Pa.

Surgeon Henry Janes, U.S.V., is hereby relieved from duty in the Army of the Potomac, and will report in person without delay to the Commanding General, Department of the Susquehanna, for assignment to duty.

Upon the recommendation of a Board of Officers, instituted by Special Orders No. 294, July 3, 1863, from the War Department, the following named officer is hereby honorably discharged the service of the United States on account of physical disability, with condition that he shall receive no final payments until he has satisfied the Pay Department that he is not indebted to the Government:—Assistant Surgeon H. C. Steadman, 8th Penn. Vols.

So much of Special Orders No. 45, of 1863, from the War Department, as dismissed Assistant Surgeon W. H. Wiser, 2d New York Volunteer Artillery, has been revoked, and he is discharged by resignation, as of the date of the aforesaid order of dismissal.

So much of Special Orders No. 518, November 21, 1863, from the War Department, as honorably discharged from the service of the United States, on account of physical disability, Assistant Surgeon David H. Silver, 11th Ohio Vols., has been revoked, upon recommendation of his Commanding General, and he is restored to his command, with pay from the date on which he rejoins his regiment for duty, provided the vacancy has not been filled, evidence of which must be obtained from the Governor.

Surgeon Levi H. Holden, U.S.A., will at once resume his duties in the Department of the Monongahela.

Surgeon W. F. Edgar, U.S.A., has been detailed as member of a Board of Officers ordered to convene at Fort Schuyler, New York Harbor, on the first day of February, 1864, to examine into the physical ability, moral character, qualifications, and general fitness for promotion of certain officers of the U.S.A.

Surgeon W. S. Thompson, U.S.V., now on duty with the 16th Regiment Invalid Corps, at Elmira, New York, has been assigned to duty as Post Surgeon at that place.

Assistant Surgeon Samuel Adams, U.S.A., has been relieved from duty with Surgeon-General William A. Hammond, U.S.A., and will report in person to the Acting Surgeon-General, Washington, D.C.

Surgeon Ferdinand V. Hayden, U.S.V., has been relieved from duty in the Department of the South, and will report in person for duty to Lieutenant Colonel A. C. Hamlin, Medical Inspector, U.S.A., Department of Washington.

Surgeon Edward W. Owen, Sickles Cavalry, New York Volunteers, having tendered his resignation, is honorably discharged the service of the United States, to enable him to accept a similar position in the 16th New York Artillery.

The leave of absence granted Surgeon W. P. Buell, 131st New York Vols., in Special Orders No. 2, Headquarters, Department of the Gulf, is extended twenty days.

Assistant Surgeon Charles F. Haynes, U.S.V., is authorized to visit his home in Maine before reporting to the General Commanding the Army of the Potomac, in compliance with Special Orders No. 14, War Department, January 11, 1864, the delay and absence of Assistant Surgeon Haynes not to exceed fifteen days from January 26, 1864.

The leave of absence granted Surgeon J. E. Ludlow, U.S.V., in Special Orders No. 3, January 5, 1864, from Headquarters, Department of the Gulf, has been extended forty days on Surgeon's certificate of disability.

Permission to visit Washington City, in order to attend to the settlement of public business connected with the Medical Department, 12th Maine Volunteers, of which he was formerly Surgeon, has been granted Surgeon James H. Thompson, U.S.V.

Assistant Surgeon W. V. Cowan, 34th Ohio Vols., has been honorably discharged the service of the United States to accept a new commission.

MARRIED.

ABBOTTE-SULLIVAN. In Waburn, Mass., Jan. 7, by Rev. J. S. KENDRICK, DR. SAMUEL W. ABBOTTE, U.S.N., and Miss MARTHA W. SULLIVAN.

QUINN-PENN-GASKELL. In Philadelphia, Jan. 13, by Rev. Dr. DUCACHET, DR. JOHN PAUL QUINN, U.S.N., and Emily, youngest daughter of P. PENN-GASKELL, Esq.

THOMPSON-OSBORNE. At Madison, N. J., Jan. 19, by Rev. J. M. JOHNSON, EDWIN B. THOMPSON, Act. Assist.-Surgeon U.S.A., and HELEN E. OSBORNE, of Beloit, Wis.

MARION-MARTIN. On the 7th inst. at the church of St. Vincent de Paul, Dr. J. O. PALUEL DE MARION, of Bordeaux, France, to Miss MARIE MARTIN, of New York.

DIED.

HARMON.—In hospital at Baton Rouge, La., on Friday, Jan. 1, WILLIAM L. HARMON, M.D., of New York, in the fifty-fourth year of his age.

CONDUCT.—Suddenly, in Jersey city, on Sunday, Feb. 7, SILAS L. CONDUCT, M.D., in the fifty-ninth year of his age.

COMMUNICATIONS HAVE BEEN RECEIVED FROM:—Dr. Austin Flint, Dr. Irving W. Lyon, and Dr. John H. Thompson, of New York; and Dr. Dewitt C. Peters, U.S.A.; Dr. C. B. White, Asst.-Surgeon, U.S.A., Matagorda Bay, Texas; Dr. J. S. Calhoun, Asst.-Surgeon, U.S.A., Brandy Station, Va.; Dr. C. N. Davis, Indianola, Iowa; Dr. J. P. Farnsworth, Lyons, Iowa.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 1st day of February, 1864, to the 8th day of February, 1864. Deaths.—Men, 132; women, 129; boys, 131; girls, 103; total, 495. Adults, 261; children, 234; males, 263; females, 232; colored, 12. Infants under two years of age, 139.

Among the causes of death we notice:—Albuminuria, 4; Apoplexy, 4; infantile convulsions, 25; croup, 19; diphtheria, 13; scarlet fever, 22; typhus and typhoid fevers, 23; consumption, 96; small-pox, 2; measles, 4; dropsy in head, 15; infantile marasmus, 11; inflammation of brain, 13; of bowels, 23; of lungs, 42; bronchitis, 11; diarrhoea and dysentery, 7. 265 deaths occurred from acute diseases, and 36 from violent causes. 288 were native, and 207 foreign; of whom 133 came from Ireland; 76 died in the City Charities; of whom 23 were in Bellevue Hospital, and 6 died in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Feb. 1864.	SIX A.M.				TWO P.M.				TEN P.M.			
	Minimum Temperature.	Evaporation Below.	Barometer.	Wind.	Temperature.	Evap. Below.	Barometer.	Wind.	Temperature.	Evap. Below.	Barometer.	Wind.
1st.	30.83	1	30.11	N.E.	41	1	29.99	N.E.	38.2	2	29.91	W.
2d.	40.36	2	29.51	Fog.	51	6 1/2	29.71	S.W.	44.2 1/2	2 1/2	29.64	N.E.
3d.	30.90	2	29.51	"	40	4	29.50	W.	39.4	2	29.70	N.W.
4th.	27.28	3	29.70	S.W.	34	4	29.54	S.	33.3	3	29.51	S.W.
5th.	32.82	3	29.90	"	46	6	29.71	S.	35.3	3	29.66	W.
6th.	33.34	2	29.65	N.E.	45	5	29.66	N.E.	35.3	2	29.67	N.E.
7th.	34.34	2	29.64	N.E.	41	5	29.5	W.	35.3	3	29.60	N.W.

REMARKS.—1st, Rain and hail most of the day; clear night. 2d, Fog, early; clear day; cloudy night. 3d, Fog early; variable day and night, with fresh wind. 4th and 5th, Mostly clear. 6th, Fog A.M.; cloudy day; clear night. 7th, Fog A.M.; P.M. variable; clear late.

SPECIAL NOTICES.

THE NEW YORK ACADEMY OF MEDICINE will hold its Regular Meeting Wednesday Evening, Feb. 17. DR. BUCK will exhibit the patient, Bergen, in whose case an extensive destruction of the face by gangrene has been restored by plastic operations, after which DR. MARKOE will open the Discussion on the Diseases of the Rectum, followed by Drs. BARKER, HUTCHISON, J. R. WOOD, POST, BUCK, PARKER, W. H. VAN BUREN, ENOS, SAYRE, and others.

NEW YORK ACADEMY OF MEDICINE (SECTION ON OBSTETRICS AND DISEASES OF CHILDREN).—A Stated Meeting of the above Section will be held at the house of Dr. J. P. GARRISH, No. 40 West 21st st., on Monday the 15th inst., at eight o'clock, P.M. Business of the Evening—Relation of Cases.

Private Instruction in Auscultation

AND PERCUSSION.—Professor Flint will give a Course of twenty-five lessons in the practice of Auscultation and Percussion during the months of March, April, and May; two lessons to be given weekly in the wards of Bellevue and Blackwell's Island Hospital.

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Medical Department of the Univer-

sity of Vermont.—The next Annual Course of Lectures will commence the last Thursday, being the 25th, of February, 1864, and will continue sixteen weeks.

Medical Faculty.

REV. JOSEPH TORREY, D.D., President.

SAMUEL WHITE THAYER, JR., M.D., Burlington, Prof. of General and Special Anatomy.

WALTER CARPENTER, M.D., Burlington, Prof. of the Theory and Practice of Medicine and Materia Medica.

DAVID S. COSANT, M.D., New York, Professor of the Principles and Practice of Surgery.

JOSEPH PERKINS, M.D., Castleton, Prof. of Obstetrics and Diseases of Women and Children.

R. CRESSAN STILES, M.D., N. Y., Professor Physiology and Pathology.

HENRY M. SEELY, M.D., South Otondaga, N. Y., Prof. of Chemistry and Toxicology.

EDWARD B. NIMS, A.B., Demonstrator of Anatomy.

S. W. THAYER, JR., Burlington,

Dean of Medical Faculty.

Conditions of Membership.

At the commencement of the Session every Student is required to call on the Dean and enter his name and place of residence, and the name and place of residence of his Preceptor, in the Register, and pay all fees for the course.

Fees.—Matriculation, \$3.00; Dean's Certificate (entitling the holder to the Tickets of each Professor), \$50.00; Graduation, \$18.00.

Students who have attended two full courses in other regular Medical Institutions, will be admitted on payment of the Matriculation fee, and a fee of \$10.00. Graduates of this and other regular Medical Schools are invited to attend the Lectures, free of charge.

To the Medical Profession.—Dr. J.

PARIGOT, late Commissioner in Lunacy, and Honorary Professor of the University of Brussels, offers to consult with Gentlemen of the Profession, and to give advice on Mental Disorders and Medical-Legal Cases.

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